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June 2, 2004

**TO:** Examiner Davis (TC1600)

**GROUP:** 1642

**FAX NUMBER:** 571-273-0830

**ATTORNEY DOCKET NO.:** DEX-0105

**SERIAL NO.:** 09/700,700

**FILED:** November 20, 2000

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**MESSAGE:** Attached please find Amendment Transmittal Letter; Amendment and Certificate of Transmission by Facsimile.

**Kathleen A. Tyrrell, Registration No. 38,350**

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Applicant(s): Ali et al.

Docket No.

DEX-0105

Serial No.

09/700,700

Filing Date

November 20, 2000

Examiner

Davis, Minh Tam B.

Group Art Unit

1642

Invention: A Novel Method of Diagnosing, Monitoring and Staging Prostate Cancer

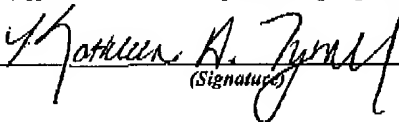
I hereby certify that this Amendment  
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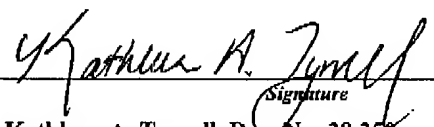
on June 2, 2004  
(Date)

Kathleen A. Tyrrell

(Typed or Printed Name of Person Signing Certificate)

  
(Signature)

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>DEX-0105</b>	
Applicant(s): <b>All et al.</b>				
Serial No. <b>09/700,700</b>	Filing Date <b>November 20, 2000</b>	Examiner <b>Davis, Minh Tam B.</b>	Group Art Unit <b>1642</b>	
Invention: <b>A Novel Method of Diagnosing, Monitoring and Staging Prostate Cancer</b>				
<u>TO THE COMMISSIONER FOR PATENTS:</u>				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE
TOTAL CLAIMS	1 -	20 =	0 x	\$18.00
INDEP. CLAIMS	1 -	5 =	0 x	\$80.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>				<b>\$0.00</b>
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-1619</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.				
 <div style="display: flex; justify-content: space-between;"><div style="width: 40%;"> _____ Kathleen A. Tyrrell, Reg. No. 38,350</div><div style="width: 55%; text-align: right;">Dated: <b>June 2, 2004</b></div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;"><b>Licata &amp; Tyrrell P.C.</b> 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454</div><div style="width: 55%; border: 1px solid black; padding: 5px;"><div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">Signature of Person Mailing Correspondence</div><div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">Typed or Printed Name of Person Mailing Correspondence</div></div></div> <div style="margin-top: 20px;">cc:</div>				